Budget Detail – California Department of Social Services

a. PERSONNEL

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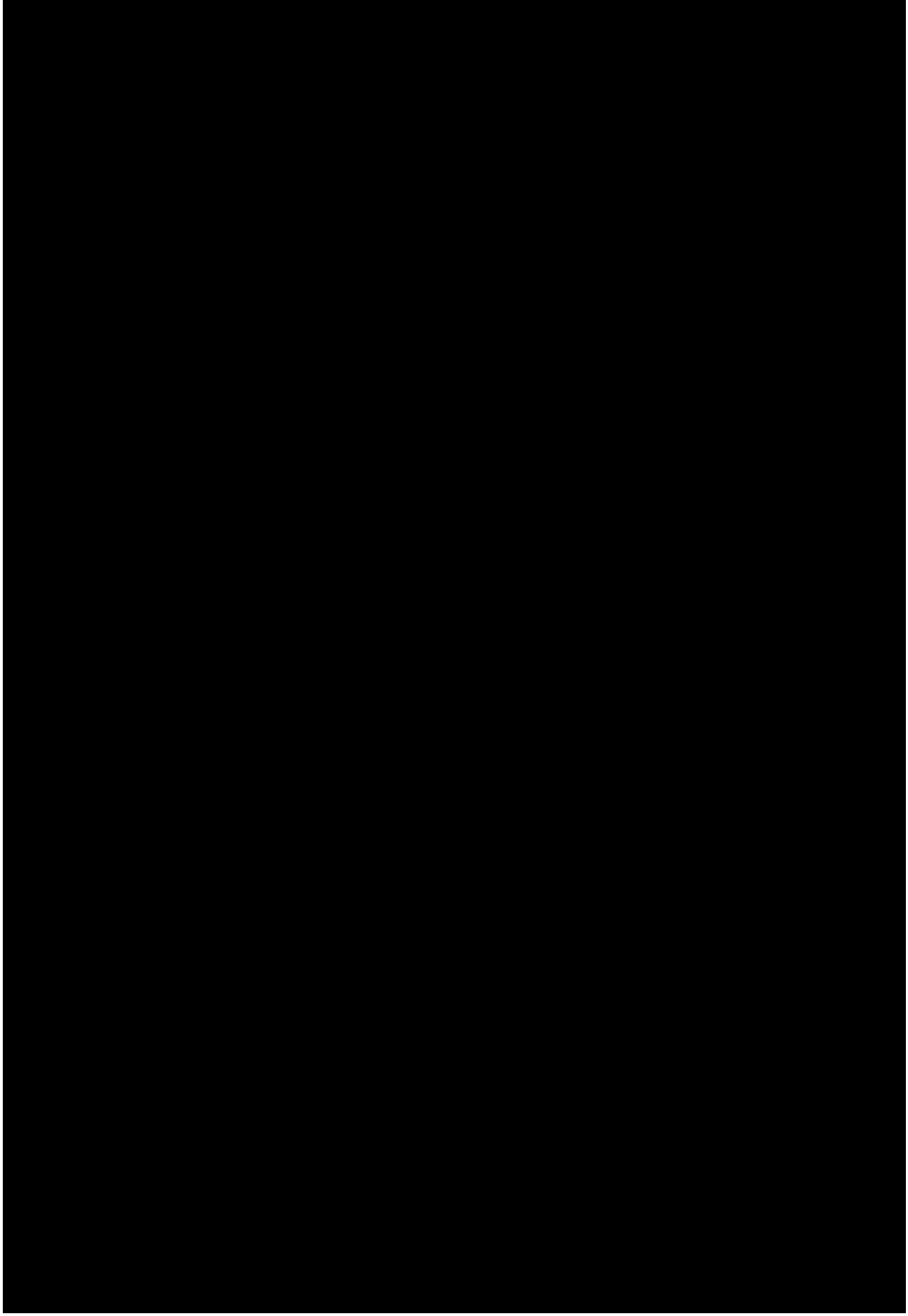

OUTREACH PLAN

1. Health and Safety Coordinators from the R&R agencies will develop outreach materials (flyers, emails and other informational materials) that explain the steps involved to receive funding and TA for testing of lead at their centers.

2. Health and Safety Coordinators from the R&R agencies will give CCCs the outreach materials. The R&R agencies will give focus on those centers that are already contracted through the R&R agencies and CDSS will focus on those centers that are not contracted through R&R agencies but still might meet the priority CCCs status.

3. As outreach continues, the Health and Safety Coordinators will track how many priority level CCCs are given materials and how many follow through with lead testing.

2019 Grant Program

LEAD TESTING IN SCHOOL AND CHILD CARE PROGRAM DRINKING WATER GRANT

WORK PLAN FOR THE STATE OF CALIFORNIA

Summary Statement

This section is an outline of the California Department of Social Services (CDSS) lead testing program in child care centers (CCCs), as outlined in AB 2370 (Chapter 676, Statutes of 2018). In 2018, the California Legislature passed AB 2370, which requires, among other things, all licensed child care centers constructed before January 1, 2010 to test their water for lead contamination on or after January 1, 2020, but no later than January 1, 2023, and every five years after the date of the initial test. Additionally, the California Budget Act of 2018 (Chapter 449, Statutes of 2018) made an allocation of 5-million-dollars in funding to the State Water Resources Control Board (SWRCB) to provide grants for drinking water testing, remediation of lead in plumbing and drinking water fixtures, and to provide technical assistance to licensees. Through AB 2370, CDSS is required to develop Written Directives by January 1, 2020 outlining detailed lead testing requirements for all California CCCs. The bill text is outlined in Appendix A.

CDSS will use the EPA's *3Ts for Reducing Lead in Drinking Water* (3Ts) guidance and strategic partnerships to implement its lead testing program to meet goals and reduce lead in the drinking water of priority CCCs. CDSS plans on testing water in priority CCCs at levels more stringent than outlined in the 3Ts. The complete water Quality Assurance Project Plan (QAPP) is detailed in Appendix F.

SCOPE OF WORK

The scope of work contained in this project description includes the following categories and information:

I. STATE GOALS AND PRIORITIES
II. PROGRAM IMPLEMENTATION AND ACTIVITIES
III. ROLES AND RESPONSIBLITIES
IV. TIMELINE AND MILESTONES
V. WIIN PROGRAMMATIC PRIORITIES AND EPA'S STRATEGIC PLAN LICKAGE
VI. ANTICIPATED OUTCOMES/OUTPUTS
VII. BUDGET NARRATIVE

I. STATE GOALS AND PRIORITIES

California serves nearly 800,000 children in its approximately 15,000 licensed CCCs. CDSS has identified goals and priorities consistent to the priorities outlined in Environmental Protection Agency's (EPA) State Lead Testing in School and Child Care Program Drinking Water Grant Implementation Document. Specifically, CDSS has outlined the following priority levels for lead test in licensed CCCs:

First Priority level:

1. Serving children ages 0 to 2;
2. At least 50% of these children receiving subsidies;
3. Centers independently, operating only one facility.

Second priority level:

1. Serving children ages 0 to 5;
2. At least 50% of these children receiving subsidies.

These priority levels align with the priority levels outlined in the America's Waters Infrastructure Act (AWIA) of 2018 section 2006. These priority level CCCs are located within low-income areas.

It is CDSS's goal to reduce lead exposure at these priority CCCs by testing for lead, identifying potential lead sources, and taking action. Additionally, CDSS and partner organizations will:

1. Educate parents on the risks and effects of lead exposure, blood lead testing recommendations and requirements, and options for obtaining blood lead testing in all child care facilities.
2. Provide funds for testing drinking water lead levels in priority CCCs, develop Corrective Action Plans for CCCs that need remediation for lead in drinking water systems, and provide technical assistance to CCCs requiring help for remediation services.

II. PROGRAM IMPLEMENTATION AND ACTIVITIES

In accordance with stakeholder group recommendations, CDSS will utilize the EPA's 3Ts guidance to implement its lead testing program. This will include: (1) **Communication** – establishing strong lines of communication between the California State Water Resources Control Board (SWRCB), Resource and Referral (R&R) agencies, CDSS, CCCs, and parents of children in CCCs. Additional information about R&R and SWRCB can be found in Section III Roles and Responsibilities; (2) **Train** – educating parents and CCCs on the risk and effects of lead exposure and developing partnerships to test for lead; (3) **Test** – using

appropriate testing protocols and certified laboratories; and (4) **Take Action** – developing Corrective Action Plans for CCCs that test at or above a Lead Action Level. Below are specific activities for each key element:

a. **Communication:** CDSS, in partnership with R&R agencies, will conduct outreach and inform CCCs about the lead testing program, process and funding. The R&R agency will help priority CCCs with the funding, testing, and technical assistance for remediation. An outreach plan detailing the R&R agencies goals for reaching priority CCCs can be found under Appendix B. R&R agencies will develop a self-certification for CCCs to complete and return to the R&R agencies for verification. An example of the self-certification form can be found in Appendix C. Additionally, CDSS will develop Provider Information Notice(s) to explain the testing process and funding resources for priority CCCs. CDSS has already developed a lead flyer, available on the CDSS website. This flyer (Appendix D) will be available in Spanish and English so that priority CCCs will be able to communicate with parents of children in all CCCs. All CCCs are required, upon enrolling or reenrolling any child, to provide the parent or guardian with written information about:

    - Risks and effects of lead exposure;
    - Blood lead testing recommendations and requirements;
    - Options for obtaining blood lead testing, including any state or federally funded programs that offer free or discounted tests;
    - The requirement to test the facility's water and test results.

b. **Training:** CDSS requires, as a condition of licensure, health and safety training, which includes instruction in the prevention of lead exposure as a part of the preventive health practices 8-hour course. This educates CCCs on the risks of lead. Appendix E is an outline of the curriculum that is used to education providers.

c. **Testing:** According to the EPA Lead and Copper Rule, drinking water should be monitored through the water taps for lead and lead concentrations and should not exceed an action level of 15 parts per billion (ppb). Stakeholder group discussed the Lead Action Level for the purposes of testing and remediation for CCCs. This Action Level will dictate if a CCC requires remediation. The SWRCB recommended that the Lead Action Level of 5 ppb be used for the purposes of testing at CCCs. This is more stringent than the Lead and Copper Rule. If a CCC tests above 5.4 ppb, the facility must cease use of the fountain and/or faucet and provide an alternative source of drinking water. The QAPP will be implemented through a checklist given to all qualified testers. Appendix F outlines the QAPP in detail.

d. **Taking Action:** A Corrective Action Plan will be developed for CCCs that have Lead Action Levels outlined above. R&R agencies and Child Care licensing staff will help priority CCCs to develop and implement Corrective Action Plans. This plan includes sampling post-remediation to ensure efforts to reduce lead levels were effective. More details regarding the Corrective Action Plan can be found in the QAPP in Appendix F.

III. ROLES AND RESPONSIBILITIES

A list of the roles and responsibilities of project partners are listed below. An example of the Scope of Work agreement for the R&R agencies can be found under Appendix G.

Possible Partnership – **Child care resource and referral (R&R) agencies** are state-funded, community-based programs that exist in every county in California. R&Rs make up a well-developed system that supports parents, child care providers, and local communities. Local resource and referral agencies maintain comprehensive databases of child care providers in their communities; work with child care providers to improve the quality of care and maintain and expand the supply of providers in their county. For the purposes of this grant, R&R agencies will conduct self-certification, oversight, and outreach to priority CCCs for testing; provide CCCs with a list of local qualified samplers and laboratories for testing and pay all invoices from qualified samplers and laboratories for services. In addition, the R&R agencies will ensure that testing results are given to SWRCB for database input.	Keisha Nzewi, Director of Public Policy, CA Resource and Referral Network knzewi@rrnetwork.org
California State Water Resource Control Board (SWRCB) has a mission to preserve, enhance, and restore the quality of California's water resources and drinking water for the protection of the environment, public health, and all	

beneficial uses, and to ensure proper water resource allocation and efficient use, for the benefit of present and future generations. In addition, through AB 2370, SWRCB is mandated to maintain electronic testing results from all CCCs. For the purposes of this grant, SWRCB will maintain a database with testing results. This database is currently in development and will be modeled after a database that has been developed to house information regarding all public and private K-12 schools in California. This database can be found here.	Kurt Souza, P.E. Southern California Branch Chief, SWRCB – DDW Kurt.Souza@waterboards.ca.gov
California Department of Social Services - Child Care Licensing Program (CDSS) core mission is to ensure the health and safety of children in care. The Child Care Licensing Program strives to provide preventive, protective, and quality services to children in care by ensuring that licensed facilities meet established health and safety standards through monitoring facilities, providing technical assistance, and establishing partnerships with providers, parents, and the child care community. For the purposes of this grant, CDSS will be the project management and contractor with project partners. In addition, CDSS will communicate with CCCs and develop materials for parents of children at CCCs.	Jenna Kline, Legislative Unit Manager, Department of Social Services Jenna.kline@dss.ca.gov
Qualified samplers and laboratories these individuals and labs are outlined in the QAPP under Appendix F. These individuals and labs will have a relationship with the R&R agencies to ensure that qualified samplers and labs are being used for priority CCCs.	Various samplers and labs around California

IV. TIMELINE AND MILESTONES

A detailed timeline for the project, including milestones for specific tasks, can be found below. This timeline includes mandatory milestones from AB 2370 (Appendix A), as well as, the California Budget Act of 2018 (Chapter 449, Statutes of 2018) allocation of 5-million-dollars to the SWRCB.

- **CY 2020 Quarter 1:** CDSS publishes Written Directives in accordance with AB 2370. This information incorporates the QAPP. SWRCB will begin to implement the statewide database for lead testing in CCCs, as mandated by AB 2370. R&R agencies will begin outreach to identify and verify priority CCCs and build partnerships with testers and labs. CCCs begin to test their water as mandated by AB 2370, using funds from the California Budget Act of 2018 (Chapter 449, Statutes of 2018) 5-million-dollar allocation to SWRCB*. Priority CCCs for the California Budget Act of 2018 are slightly different from those of the EPA WIIN Grant.
- **CY 2020 Quarter 3:** CDSS receives funding from the EPA; R&R agencies continue outreach conducted through AB 2370 and begin outreach through the EPA WIIN grant funding; testing of first priority CCCs begins using EPA WIIN grant funding.
    - Interim Annual Report to EPA including a summary of the completed project so far, testing benefits, outputs and outcomes achieved and cost of the project so far.
    - 50% completion of first priority CCCs
- **CY 2021 Quarter 1 and 2:** Continue outreach and testing of first and second priority CCCs
- **CY 2021 Quarter 3:** Final report submitted to EPA, including: summary of the project or activity, testing benefits and other outputs and outcomes achieved, and costs of the project or activity.
    - 10% of second priority CCCs complete testing

*Funding from the California Budget Act of 2018 (Chapter 449, Statutes of 2018) 5-million-dollar allocation to SWRCB does not have a timeline for implementation. Priority CCCs might be using this funding in conjunction with funding from the EPA WIIN Grant. This is noted in Section VII Budget Narrative.

V. WIIN PROGRAMMATIC PRIORITIES AND EPA'S STRATEGIC PLAN LINKAGE

The main objective of this project is to provide funding for priority CCCs to test their water for lead, as mandated by AB 2370 (Appendix A). CDSS, in partnership with other groups, will use the 3Ts guidance to test CCCs water for lead. However, California's QAPP (Appendix F), with a testing Lead Action Level of 5 ppb, is more stringent that the 15 ppb noted in the Lead and Copper Rule.

With, 3Ts guidance in mind, CDSS has set the Lead Action Level lower knowing that the water being tested is used by the youngest and most vulnerable Californians. CDSS wants to ensure safe and healthy drinking water for this population. Additionally, because this testing criteria will be outlined in California Written Directives, CCCs will be mandated to test at this level or face remediation. The goals are to reduce children's exposure to lead in water at CCCs, conduct outreach to both CCCs and parents about safe drinking water, and help CCCs develop and implement Corrective Action Plans for remediation to eliminate lead in CCCs.

The activities described in this workplan support Goal 1, "Core Mission: Deliver real results to provide Americans with clean air, land, and water, and ensure chemical safety," and Objective 1.2, "Provide for Clean and Safe Water: Ensure waters are clean through improved water infrastructure and, in partnership with states and tribes, sustainably manage programs to support drinking water, aquatic ecosystems, and recreational, economic, and subsistence activities."

VI. ANTICIPATED OUTCOMES/OUTPUTS

Outcomes and outputs that are expected for this workplan are described below:

Outputs for this project include: using 3Ts guidance to implement testing in California priority CCCs, developing and implementing a QAPP for lead testing that CCCs can use to help guide testing in facilities, reaching 50% completion rate for lead testing of first priority CCCs and 10% completion rate for second priority CCCs, reporting testing results online through a database, helping CCCs develop Corrective Action Plans, and outreach to parents about safe drinking water. In addition, CDSS will continue to build strong relationships with SWRCB and R&R agencies. R&R agencies will gain strong partnerships with qualified samplers and labs, as well as, priority CCCs.

Outcomes for this project include: giving priority CCCs the ability to test for lead at no cost to the center, therefore complying with the mandates of AB 2370 and reducing the amount of potential lead exposure to children. There will be an increase in safe drinking water knowledge from CCC staff and parents of children in CCCs. Additionally, there will be improved water quality in California and an increase in overall knowledge of water quality throughout California from education and using the testing result database.

VII. BUDGET NARRATIVE

[redacted]

APPENDIX A: ASSEMBLY BILL NO. 2370

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.

Section 1596.7996 is added to the Health and Safety Code, to read:

1596.7996.

(a) A licensed child day care facility, upon enrolling or reenrolling any child, shall provide the parent or guardian with written information, to be developed by the department, in consultation with the State Department of Public Health, on all of the following:

(1) Risks and effects of lead exposure.

(2) Blood lead testing recommendations and requirements.

(3) Options for obtaining blood lead testing, including any state or federally funded programs that offer free or discounted tests.

(b) For purposes of this section, "child day care facility" has the same meaning as in Section 1596.750.

SEC. 2.

Section 1596.866 of the Health and Safety Code is amended to read:

1596.866.

(a) (1) In addition to other required training, at least one director or teacher at each day care center, and each family day care home licensee who provides care, shall have at least 15 hours of health and safety training, and if applicable, at least one additional hour of training pursuant to clause (ii) of subparagraph (C) of paragraph (2).

(2) The training shall include the following components:

(A) Pediatric first aid.

(B) Pediatric cardiopulmonary resuscitation (CPR).

(C) (i) A preventive health practices course or courses that include instruction in the recognition, management, and prevention of infectious diseases, including immunizations, prevention of childhood injuries, and, for licenses issued on and after July 1, 2020, instruction in the prevention of lead exposure that is consistent with the most recent State Department of Public Health's training curriculum on childcare lead poisoning prevention.

(ii) For licenses issued on or after January 1, 2016, at least one director or teacher at each day care center, and each family day care home licensee who provides care, shall have at least one hour of childhood nutrition training as part of the preventive health practices course or courses.

(3) The training may include instruction in sanitary food handling, emergency preparedness and evacuation, and caring for children with special needs.

(b) Day care center directors and licensees of family day care homes shall ensure that at least one staff member who has a current course completion card in pediatric first aid and pediatric CPR issued by the American Red Cross, the American Heart Association, or by a training program that has been approved by

the Emergency Medical Services Authority pursuant to this section and Section 1797.191 shall be onsite at all times when children are present at the facility, and shall be present with the children when children are offsite from the facility for facility activities. Nothing in this subdivision shall be construed to require, in the event of an emergency, additional staff members, who are onsite when children are present at the facility, to have a current course completion card in pediatric first aid and pediatric CPR.

(c) (1) The completion of health and safety training by all personnel and licensees described in subdivision (a) shall be a condition of licensure.

(2) Training in pediatric first aid and pediatric CPR by persons described in subdivisions (a) and (b) shall be current at all times. Training in preventive health practices, as described in subparagraph (C) of paragraph (2) of subdivision (a), is a one-time only requirement for persons described in subdivision (a).

(3) The department shall issue a provisional license for otherwise qualified applicants who are not in compliance with this section. This provisional license shall expire 90 days after the date of issuance and shall not be extended.

(4) A notice of deficiency shall be issued by the department at the time of a site visit to a licensee who is not in compliance with this section. The licensee shall, at the time the notice is issued, develop a plan of correction to correct the deficiency within 90 days of receiving the notice. The facility's license may be revoked if it fails to correct the deficiency within the 90-day period. Section 1596.890 shall not apply to this paragraph.

(d) Completion of the training required pursuant to subdivisions (a) and (b) shall be demonstrated, upon request of the licensing agency, by the following:

(1) Current pediatric first aid and pediatric CPR course completion cards issued by the American Red Cross, the American Heart Association, or by a training program approved by the Emergency Medical Services Authority pursuant to Section 1797.191.

(2) (A) A course completion card for a preventive health practices course or courses, as described in subparagraph (C) of paragraph (2) of subdivision (a), issued by a training program approved by the Emergency Medical Services Authority pursuant to Section 1797.191.

(B) Persons who, before September 21, 1998, have completed a course or courses in preventive health practices, as described in clause (i) of subparagraph (C) of paragraph (2) of subdivision (a), and have a certificate of completion of a course or courses in preventive health practices, or certified copies of transcripts that identify the number of hours and the specific course or courses taken for training in preventive health practices, shall be deemed to have met the training in preventive health practices.

(3) In addition to training programs specified in paragraphs (1) and (2), training programs or courses in pediatric first aid, pediatric CPR, and preventive health practices offered or approved by an accredited college or university are considered to be approved sources of training that may be used to satisfy the training requirements of paragraph (2) of subdivision (a). Completion of this training shall be demonstrated to the licensing agency by a certificate of course completion, course completion cards, or certified copies of transcripts that identify the number of hours and the specified course or courses taken for the training, as defined in paragraph (2) of subdivision (a).

(e) The training required under subdivision (a) shall not be provided by a home study course. This training may be provided through in-service training, workshops, or classes.

(f) All personnel and licensees described in subdivisions (a) and (b) shall maintain current course completion cards for pediatric first aid and pediatric CPR issued by the American Red Cross, the American Heart Association, or by a training program approved by the Emergency Medical Services Authority

pursuant to Section 1797.191, or shall have current certification in pediatric first aid and pediatric CPR from an accredited college or university in accordance with paragraph (3) of subdivision (d).

(g) The department shall have the authority to grant exceptions to the requirements imposed by this section in order to meet the requirements of the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.).

(h) The department shall adopt regulations to implement this section.

SEC. 3.

Section 1596.8661 of the Health and Safety Code is amended to read:

1596.8661.

(a) For purposes of the training required pursuant to paragraph (4) of subdivision (a) of Section 1596.798, pediatric first aid training pursuant to Section 1596.866 shall include a component of training in the administration of inhaled medication described in paragraph (4) of subdivision (a) of Section 1596.798.

(b) The Emergency Medical Services Authority shall establish, consistent with Section 1797.191, minimum standards for a component of pediatric first aid training that satisfies the requirements of paragraph (4) of subdivision (a) of Section 1596.798. For purposes of this subdivision, the Emergency Medical Services Authority is encouraged to consult with organizations and providers with expertise in administering inhaled medication and nebulizer care, including, but not limited to, the American Lung Association, respiratory therapists, and others.

(c) For purposes of the training required pursuant to clause (ii) of subparagraph (C) of paragraph (2) of subdivision (a) of Section 1596.866, instruction in childhood nutrition shall be at least one hour in length and shall include content on age-appropriate meal patterns based on the most current Dietary Guidelines for Americans. In order to increase child care providers' capacity to serve healthy foods at a lower cost, the training shall contain information about reimbursement rates for the United States Department of Agriculture's Child and Adult Care Food Program (CACFP) (7 C.F.R. 226.20), and shall direct child care providers to the CACFP Unit of the Nutrition Services Division of the State Department of Education for detailed information on CACFP eligibility and enrollment.

(d) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the Emergency Medical Services Authority may, through bulletin or similar instructions from the director until regulations are adopted, establish standards for the training in childhood nutrition required pursuant to clause (ii) of subparagraph (C) of paragraph (2) of subdivision (a) of Section 1596.866 and for the training in lead poisoning required pursuant to clause (i) of subparagraph (C) of paragraph (2) of subdivision (a) of Section 1596.866.

SEC. 4.

Section 1597.16 is added to the Health and Safety Code, to read:

1597.16.

(a) (1) A licensed child day care center, as defined in Section 1596.76, that is located in a building that was constructed before January 1, 2010, shall have its drinking water tested for lead contamination levels on or after January 1, 2020, but no later than January 1, 2023, and every five years after the date of the initial test.

(2) (A) A licensed child day care center subject to paragraph (1) shall collect and submit drinking water samples to a laboratory accredited pursuant to Article 3 (commencing with Section 100825) of Chapter 4 of Part 1 of Division 101. A laboratory receiving a drinking water sample pursuant to this paragraph shall, in a timely manner, electronically submit its test results to the State Water Resources Control Board using lead data submission methods that are acceptable to the State Water Resources Control Board. If the test

results show elevated lead levels, the State Water Resources Control Board shall, in a timely manner, report the results for the affected licensed child day care center to the department.

(B) The State Water Resources Control Board shall do both of the following:

(i) Notify the department if there is a change to the recommended action level for lead in water.

(ii) Post all test results received pursuant to subparagraph (A) on its Internet Web site in a timely manner. The posted test results shall be readily accessible to the public.

(3) Upon notification of elevated lead levels, an affected licensed child day care center shall immediately make inoperable and cease using the fountains and faucets where elevated lead levels may exist and shall obtain a potable source of water for children and staff at that location. Any licensed child day care center that fails to take that action is subject to the temporary suspension of their license pursuant to Section 1596.886.

(4) A licensed day care center shall notify the parents or legal guardians of children enrolled in the day care center of the requirement to test a facility's drinking water and of the test results.

(b) (1) The department shall, in consultation with the State Water Resources Control Board, adopt regulations for the implementation of the requirements of this section no later than January 1, 2021. The regulations shall include requirements to ensure the collection and submission of valid water samples.

(2) In adopting regulations under this section, the department shall include a public stakeholder process.

(3) Notwithstanding the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement and administer the changes made by this section through all-county letters or similar written instructions until regulations are adopted.

SEC. 5.

The State Water Resources Control Board shall provide grants for testing drinking water lead levels in licensed child day care centers, remediating lead in drinking water systems of child day care centers, as defined in Section 1596.76 of the Health and Safety Code, and providing technical assistance to child care centers requiring help applying for the grants, from any funds appropriated to the board for those purposes.

SEC. 6.

No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

APPENDIX B: OUTREACH PLAN

1. R&R agencies, along with CDSS, will develop outreach materials (flyers, emails and other informational materials) that explain the steps involved to receive funding and technical assistance for the testing of lead at priority CCCs.

2. The R&R agencies, along with CDSS LPAs and trainers will give CCCs outreach materials. The R&R agencies will give focus on those centers that are already contracted through the R&R agencies and CDSS will focus on those centers that are not contracted through R&R agencies but still might meet the priority CCCs status.

3. As outreach continues, the R&R will track how many priority level CCCs are given materials and how many follow through with lead testing.

APPENDIX C: PRIOIRTY CCC SELF-CERTIFICATION FORM

CDSS - WIIN Grant
Self-Certification for WIIN Grant funding for lead testing

Facility Name: Insert your Facility Name

License Number: [#] License type: [Infant/toddler, Preschool or Both]

Facility Address: Insert your Facility Address City, State, ZIP

Questions	Yes	No
Do you serve children 0 to 3?	☐	☐
Do at least 50% of the children served receive subsidies?	☐	☐
Do you own and operate only 1 child care center?	☐	☐

Point of Contact Name: Insert your Point of Contact Name

If you answered no to any of the above questions, please explain:

_____

The purpose of this self-certification review is to assure the Resource and Referral Network and the California Department of Social Services that this facility meets the conditions of the EPA – WIIN Grant for Child Care Facilities for testing of lead in facility water.

This section is for R&R Network use ONLY. *(Self-Certification is not approved until reviewed, signed, and dated by R&R representatives below.)*		
R&R representative Signature, Title	**Telephone Number**	**Date**

APPENDIX D: LEAD FLYER FOR CCCs TO COMMUNICATE WITH PARENTS

LEAD POISONING FACTS

- Buildup of lead in the body is referred to as lead poisoning.
- Lead is a naturally occurring metal that has been used in many products and is harmful to the human body.
- There is no known safe level of lead in the body.
- Small amounts of lead in the body can cause lifelong learning and behavior problems.
- Lead poisoning is one of the most common environmental illnesses in California children.
- The United States has taken many steps to remove sources of lead, but lead is still around us.

IN THE US:

- Lead in house paint was severely reduced in 1978.
- Lead solder in food cans was banned in the 1980s.
- Lead in gasoline was removed in the early 1990s.

LEAD IN TAP WATER

The only way to know if tap water has lead is to have it tested.

Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them;
- Water does not come from a public water system (e.g., a private well).

To reduce any potential exposure to lead in tap water:

- **Flush the pipes in your home** Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes.)*
- **Use only cold tap water for cooking, drinking, or baby formula (if used)** If water needs to be heated, use cold water and heat on stove or in microwave.
- **Care for your plumbing** Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.*

- **Filter your water-** Consider using a water filter certified to remove lead.

WARNING!

Some water crocks have lead. Do not give a child water from a water crock unless you know the crock does not have lead.

(*Water saving tip: Collect your running water and use it to water plants not intended for eating.)

For information on testing your water for lead, visit The Environmental Protection Agency at www.epa.gov/lead/protect-your-family-exposures-lead or call (800) 426-4791. You can also visit The California Department of Public Health's website at https://www.cdph.ca.gov.

(This flyer can be located online at: http://www.cdss.ca.gov/inforesources/Child-Care-Licensing)

POTENTIAL SOURCES OF LEAD

- Old paint, especially if it is chipped or peeling or if the home has been recently repaired or remodeled
- House dust
- Soil
- Some imported dishes, pots and water crocks. Some older dishware, especially if it is cracked, chipped, or worn
- Work clothes and shoes worn if working with lead
- Some food, candies and spices from other countries
- Some jewelry, toys, and other consumer products
- Some traditional home remedies and traditional make-up
- Lead fishing weights and lead bullets
- Water, especially if plumbing materials contain lead

SYMPTOMS OF LEAD EXPOSURE

Most children who have lead poisoning do not look or act sick. Symptoms, if any, may be confused with common childhood complaints, such as stomachache, crankiness, headaches, or loss of appetite.

OPTIONS FOR LEAD TESTING

A blood lead test is free if you have Medi-Cal or if you are in the Child Health and Disability Prevention Program (CHDP). Children on Medi-Cal, CHDP, Head Start, WIC, or at risk for lead poisoning, should be tested at age 1 and 2. Health insurance plans will also pay for this test. Ask your child's doctor about blood lead testing.

For more information, go to the California Childhood Lead Poisoning Prevention Branch's website at www.cdph.ca.gov/programs/clppb, or call them at (510) 620-5600.

(The information and images found on this publication are adapted from the California Department of Public Health Childhood Lead Poisoning Prevention Program.)

1/2019

CDSS
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EFFECTS OF LEAD EXPOSURE

Children 1-6 years old are the most at risk for lead poisoning.

- Lead poisoning can harm a child's nervous system and brain when they are still forming, causing learning and behavior problems that may last a lifetime.
- Lead can lead to a low blood count (anemia).
- Even small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs.

APPENDIX E: CCC LEAD EDUCATION OUTLINE

AB 2370, Statutes of 2018, mandates lead poisoning prevention training within the child care provider Preventive Health and Safety Practices training to begin July 1, 2020. This curriculum outline is based on the lead poisoning prevention curriculum developed by the California Department of Public Health and the UCSF Child Care Health Program. The original training is one-hour long, and there is also a half-hour version. The longer versions contained some information that is already taught in the Preventive Health and Safety Practices training program. Therefore, the curriculum developer and I cut those parts and consolidated the training into an approximately 15-minute module.

1. Why is lead poisoning an issue?
    - One of the most common and preventable environmental illnesses among one to six year olds.
    - In CA, approximately one percent of children under six years tested for lead at 5 mcg/dL or greater.
2. Health Effects of Lead Poisoning
    - Children are more vulnerable to lead's toxic effects.
    - Lead can limit a child's intellectual & physical development.
    - Anemia and lead poisoning may occur together.
3. How do I know if a child is lead poisoned?
    - Most lead poisoned children do not look or act sick.
    - Testing is the ONLY way to know.
    - Blood lead tests should be done at 12 and 24 months for children in publicly funded programs for low-income children (like Medi-Cal, CHDP, and WIC).
        - All other children should be assessed for risk of lead exposure by their health care provider at every well child visit up to age 6.
4. Common Sources of Lead
    - Lead-based paint in homes built before 1978
    - Chipping and peeling paint, house dust
    - High friction areas like windows and doors
    - Vinyl mini-blinds
    - Bare dirt
5. Other Sources of Lead
    - Lead brought home on clothes and shoes by persons working in lead related industries
    - Hobbies such as making stained glass (lead solder), hunting or firing ranges (lead bullets), fishing (lead sinkers)
    - Lead in some foods and brightly-colored spices imported from outside the USA
    - Lead in some home remedies, traditional make-up and jewelry
    - Some handmade or imported pottery, dishes and water crocks
    - Some old painted toys. Old vinyl toys are more likely to have lead.
    - Water from wells or running through plumbing that contains lead.

6. What can providers do to protect children?
   - ☐ Teach parents about lead.
   - ☐ Encourage parents to have their children screened for lead.
   - ☐ Post information about lead in your child care.
   - ☐ Promote good nutrition.
   - ☐ Reduce exposure in your facility.

8. Reducing Environmental Exposure to Lead
   - ☐ Toys and pacifiers are frequently mouthed.
   - ☐ Check toys for chipping paint.
   - ☐ Do not use old or imported toys unless you know they are lead-free*.
   - ☐ Check CPSC for toys that have been recalled: www.cpsc.gov/Recalls/.

   *Some products labeled “lead free” may still contain lead.

9. Reducing Environmental Exposure: Inspections

   Inspect on a monthly basis:
   - ☐ Chipping, peeling paint
   - ☐ Bare soil
   - ☐ Moisture, molds, and mildew
   - ☐ Move cribs and furniture away from possible lead sources

10. Reducing Environmental Exposure in the Child Care Setting
    - ☐ Hand-washing
      - ■ Hands can carry germs and lead dust to mouths.
      - ■ Wash children’s hands:
        - ❖ Before going to sleep (naps and bedtime) (especially for thumb suckers)

11. Lead and Nutrition
    - ☐ Frequent healthy meals and snacks can help prevent the absorption of lead.
    - ☐ A full stomach reduces the amount of lead absorbed by the body.
    - ☐ Feed children healthy meals and snacks often.

12. Lead in Tap Water
    - ☐ Most tap water in California does not contain lead.
    - ☐ The only way to know if your tap water contains lead is to have it tested.
      - ■ Call 800-426-4791 or visit www.epa.gov/lead
    - ☐ Steps to reduce potential exposure to lead in tap water
      - ■ Before drinking or serving water from a tap, flush the pipes in your home by running water until it feels coldest (usually at least 30 seconds and up to a few minutes, longer for first use after 6 hours)
      - ■ Use only cold tap water for cooking, drinking and mixing baby formula (if used)

13. Painting, Repairing or Remodeling your Child Care Environment
    - ☐ There MAY be a risk for contamination if:
      - ■ The facility was built before 1978 and/or

- The facility's play yard is exposed to heavy automobile traffic and/or
- The facility is near an industrial area where lead products have been used or produced

14. Lead Testing

- ☐ Testing your facility's paint and soil
  - Have your facility evaluated by a certified lead inspector.
  - Call your local Lead Program for testing information.
  - Test kits are available in hardware stores for pottery.

15. Lead Poisoning Prevention Checklist

Child Care Provider Lead Poisoning Prevention Training Handout: Lead Poisoning Prevention Checklist

A checklist is provided below to help answer questions about preventing lead poisoning: "What should you look for when doing an assessment of possible lead sources in your center?" and "What questions should you ask yourself as you conduct a visual inspection of the child care building?" The checklist will also help you to identify lead risks in your child care center.

- ☐ Was the property built before 1950? Before 1978? Have the paint tested if you see any damage.
- ☐ Is the paint in good shape?
  - Check often for cracked, damaged or peeling paint.
  - Look at interior and exterior of structure.
  - Check the windows, stairs, doorways, floors and porches.
  - Move cribs or other furniture away from the walls.
- ☐ Has the property been recently renovated? Will it be renovated soon?
- ☐ Have you checked to see if your pipes or fixtures contain lead? Homes built before 1986 are more likely to have pipes, solder, or fixtures that contain lead. Consider replacing older brass fixtures installed prior to 2010 with new ones that meet the January 1, 2010, requirements. Items that carry the NSF 61, Annex G designation meet this designation.
  - Let your water run until it feels coldest (usually 30 seconds to a few minutes depending on how long the water has been sitting in the pipes) before use to get any potential lead out.
  - Use only cold water from the tap to cook with, drink, or to mix with infant formula.
- ☐ Is the property near a busy roadside that may have been contaminated with leaded gasoline emitted by cars?
  - Don't let kids play on bare soil.
  - Plant grass, shrubs or other ground cover to prevent direct contact with the soil.
  - Remove shoes when coming inside.
- ☐ Is the property free of lead dust?

        - Clean floors and window sills often with soap and water then rinse with fresh water.
        - Wash children's hands before eating, after playing outside and before napping.
    - Do you have older imported vinyl mini-blinds?
        - Remove them or have them tested to make sure they don't contain lead.
    - Do you own imported or homemade china or ceramic dishware or water crocks?
        - Have it tested to make sure it does not contain lead.
    - Do you have painted furniture or toys from an unknown origin?
        - Have them tested to make sure they are lead-free.
        - Don't let children chew on painted furniture or toys

16. Resources
    - Local Childhood Lead Poisoning Prevention Program
      (XXX) XXX-XXXX (Instructors should customize this section by placing their local Lead Poisoning Prevention Program telephone number here.)
    - CDPH Childhood Lead Poisoning Branch
      (510) 620-5600
      www.cdph.ca.gov/Programs/CLPPB
    - California Child Care Health Program
      https://cchp.ucsf.edu
    - Resource & Referral Consumer Education Line
      (800) 542-7793
    - Link to the one-hour Lead Poisoning Prevention Curriculum:
      https://cchp.ucsf.edu/content/child-care-lead-poisoning-prevention-curriculum

APPENDIX F: QAPP – GUIDANCE FOR SAMPLING FOR LEAD IN DRINKING WATER AT LICENSED CHILD DAY CARE CENTERS (licensed CCC)

This guidance and the instructions for sampling are taken from the US Environmental Protection Agency's 3Ts (Training, Testing and Taking Action) program for reducing lead in drinking water in schools and child care facilities along with recommendations from the Division of Drinking Water (DDW) in conjunction with the AB 2370 Technical Advisory Committee (TAC). The TAC consists of staff from the State Water Resources Control Board (DDW and DFA), CDSS, seven water systems, Environmental Working Group and Nutrition Policy Institute. The guidance listed below are initial technical recommendations. It is anticipated that the DDW, the Technical Advisory Committee, stakeholders, and the interested public will continue to discuss this guidance and potential revisions, after feedback is provided after some initial testing is completed in 2020.

Preparation

1. At least one trained third-party water sampler will be designated by the licensed CCC to collect the water samples.
2. All cold-water drinking water outlets used for drinking and cooking will be sampled. (Hot water outlets should not be used for drinking and cooking).
    a. The licensed CCC staff, in conjunction with CDSS staff if requested, shall evaluate the facility and determine the water outlet locations of water sources that are used for drinking and cooking. These locations will be selected by observing children and staff during the working day over as many days as needed until the locations have been identified. The DDW database can accept up to 25 facility sample locations and 1 distribution source sample location. Contact DDW if a facility has more than 25 water outlet locations used for drinking and cooking.
    b. All faucets, fountains, coolers, bubblers, bottle filling stations, and filtered water dispensers located on the exterior and interior of buildings, including those located in hallways, playgrounds, classrooms, and cafeterias, should be evaluated to assure that all locations have been considered for selection. Locations served by a water softener or other water treatment device must not be excluded. Large industrial sinks designed for washing and not intended to be used as a source of water for drinking and/or cooking should not be included. Handwashing-only sinks do not need to be sampled.
    c. If two or more drinking water outlets are located in the same sink, the most used drinking water device, bubbler or faucet, shall be sampled first.
    d. Bottled water (either 5-gallon dispensers or single-serve bottles) will not be sampled.
    e. The licensed CCC staff will use a map of the facility and label each drinking water outlet using the numbering system below. Each drinking water outlet will be labelled the day prior to sampling. The label will be large enough to be photographed by the sampler.

3. Prior to collecting the samples, each location selected for testing will be assigned an autogenerated Sample ID. There will be a separate instruction sheet developed for the sample plan and sample IDs.
4. All samples should be collected on a Tuesday, Wednesday, Thursday, Friday, or Saturday morning (prior to the normal arrival of licensed CCC staff and children) during periods of normal business operations and not during summer or winter breaks, or other extended breaks. Samples cannot be collected on the first day back to work following a vacation, holidays, or weekend.
5. All initial samples must be "first draw samples" meaning that at the time of sampling the drinking water locations must not have been used during the previous 8 to 18 hours.
    a. The licensed CCC must not have flushed toilets, watered plants or used water in any other way for at least 8 hours, but not more than 18 hours before the water sampler takes the samples. Automated sprinklers that are on at night should be turned off the night prior to sampling.
6. All angle stops, shutoff valves, and similar devices on the supply line providing water to the drinking water outlet location must be left in a normal state of operation prior to sampling. Devices located on the supply line must not be modified, opened, or closed in preparation for collecting a sample. Doing so may cause sample results that are not representative of normal operating conditions. Do not remove or clean faucet aerators the week before sampling.
7. All sample locations need to be taped or covered with a plastic bag by licensed CCC staff the evening prior to sampling to ensure the stagnation period of 8 to 18 hours is met. The time the sample location is taped or covered needs to be recorded.
8. Samplers must write clear descriptions of sample tap locations on the laboratory Chain Of Custody (COC) form, including type of fixture (such as drinking fountain, tap, bottle filler). The sampler must record the time of the beginning of the stagnation period on the COC.
9. All sample bottles must be labeled with the Sample IDs for each sample location. All samples must be collected in 250 ml, 2-inch diameter wide mouth plastic bottles and all bottles must be completely filled. Bottles must not be overfilled. There must not be water down the drain with an uninterrupted flow to ensure a quality first draw.
10. Samplers must request the ELAP accredited laboratory to provide unpreserved sample bottles and deliver the samples to the laboratory within 72 hours of collection. The sampler is responsible for preserving the samples per the laboratory requirements.

Initial Sampling

1. After completing the preparation steps above, the trained sampler collects initial samples using the 3T's Module 5 as guidance. Each drinking or cooking faucet will be sampled using one 250ml bottle. A first draw sample is required to be collected.
2. Upon receipt of the samples by the laboratory, the laboratory must use EPA Standard Method 200.8 with a Minimum Reporting Limit (MRL) of 1 ppb. The laboratory must provide initial test results to three parties, the sampler (email or

paper), licensed CCC (email or paper), and the SWRCB-DDW (electronically) within 21 days after they receive the sample from the sampler.
3. Each sample location shall be photographed twice by the trained sampler, a close up of the faucet being sampled and a second view of the area surrounding the faucet so identification can be confirmed. The photo must include a clear view of the label provided by the Licensed CCC staff. The licensed CCC staff shall provide a copy of the sampling map to the trained sampler. The photos shall be labeled with the Sample ID and provided to the licensed CCC within 7 business days.
4. Following the review of initial test results, the Licensed CCC should document which drinking water locations are below the Action Level and need no additional testing, and which drinking water locations are above the Action Level and need remediation/corrective action and post-corrective sampling.
5. All initial sample locations with a test result equal to or less than the Action Level, do not require remediation and further testing. Additional sampling is required every 5 years.
6. Initial sample locations with a test result greater than the Action Level require the licensed CCC to “immediate make inoperable and cease using the fountains and faucets” at those locations
7. Following an initial Action Level exceedance, the Licensed CCC shall complete corrective actions per the Corrective Action Plan (described below).

Corrective Action Plan

It is recommended that the licensed CCC prepare a Corrective Action Plan if initial sample test results exceed the Action Level. The Corrective Action Plan identifies all drinking water outlets that need corrective actions to bring lead levels equal to or less than the Action Level and then follow-up or check sampling before returning the drinking water outlets to service. Licensed CCCs should refer to the EPA 3Ts program for detailed information on corrective actions. Corrective actions may include replacing the drinking water outlet with a new fixture, including appurtenances and the valve, or permanently removing the outlet from service.

Corrective Action Check Sampling

If a licensed CCC replaced an outlet as a corrective action, the outlet needs to assimilate to the water at the facility. Prior to check sampling, it is recommended that the faucet be used regularly for non-drinking water purposes or flushed regularly (four times a day for at least 30 seconds) for one to two weeks. The outlet should not be used for drinking or cooking until a corrective action check sample has confirmed the level of lead at the outlet is equal to or less than the Action Level.

1. After completing the preparation steps, identified above, the trained sampler will have to follow step 2 below to collect two check samples from each outlet where a corrective action has been completed.

2. Following an 8 to 18-hour stagnation period, the trained sampler shall collect one 250 ml first draw sample. Then, consistent with the 3Ts program, after a 30 second flush, the sampler shall collect a second 250 ml sample.
3. Upon delivery of the samples to the laboratory, it shall be requested that results are reported by the laboratory to the sampler (email or paper), licensed CCC (email or paper) and SWRCB-DDW (electronically) within 21 days of receiving the samples.
4. All check samples with a test result equal to or less than the Action Leve do not require further testing at the drinking water outlet, and the drinking water outlet can be placed back into service.
5. All check samples with a test result of greater than the Action Level require additional corrective actions should be implemented at the drinking water outlet.
6. Following each subsequent corrective action, collect two check samples, as described in paragraph 2, above, determine if the corrective action was successful in reducing the lead level at the drinking water outlet to equal to or less than the Action Level.
7. Complete the necessary corrective actions and check sampling until a lead level equal to or less than the Action Level is obtained at each outlet.

Laboratory Results

Laboratory results will state the level that was tested for each facility. This will include if there is an Action Level exceedance. Test results should be reviewed by the licensed CCC staff prior to making any decisions on Action Level exceedances or corrective actions. After licensed CCC staff have these issues, staff can release of the results and testing information to the children, staff, and parents.

Under most conditions laboratory results are very accurate and considered final; however, under rare circumstances errors can occur during sampling or in the laboratory and test results may not reflect the true concentration of the drinking water outlet. If a licensed CCC feels this has happened, contact the SWRCB DDW office for instructions on how to proceed.

Environmental Laboratory Accreditation Program (ELAP)

The testing laboratory used by the licensed CCC must have current ELAP accreditation for lead sampling of drinking water.

https://www.waterboards.ca.gov/drinking_water/certlic/labs/index.html

NOTE: Initial sampling: CDSS will require a 30 second flush sample at each building during the initial sampling at facilities where grant money is used to reimburse the sampling effort. The additional information can be used to develop best management practices to further lead reduction.

NOTE: Lead Service Line: If a licensed CCC is served water from a service line that contains lead, a lead service line or lead fittings, CDSS should consider additional testing and the replacement of the service line or fittings. Also, to note is older backflow devices contain lead and may contribute to the overall lead in the licensed CCC. If the facility has a backflow device, the model number can be checked to determine if it is certified lead free or not.

Third Party-Trained Samplers – Experience Required

1. All samplers shall have been trained and provide a valid certification for collecting drinking water quality samples and maintaining sampling program quality control or some equivalent training documentation. (Examples would be the AWWA sampling training program or an ELAP accredited laboratory sampling program.) This could include samplers found on this list of sampling technicians on the California Department of Public Health's website.
2. All Samplers must be certified by one of the following or alternative experience approved by CDSS:
    a. CDPH Certified Lead Inspector/Assessor
    b. CDPH Certified Lead Sampling Technician
    c. Water Treatment or Water Distribution Operator
    d. Samplers must review the sampling protocol provided by DSS.
    e. Samplers are required to find and contract with a laboratory that is accredited by the State of California Environmental Laboratory Accredited Program (ELAP). The sampler shall utilize a lab that is accredited to perform EPA 200.8 for drinking water analysis by California ELAP with experience submitting electronic data to SWRCB-DDW via the EDT portal using Write-On software. In addition, the laboratory must use a Method Reporting Limit (MRL) of 1 ppb for lead.
    f. Samplers must be at least 18 years of age.
    g. Samplers shall be able to arrive at the CCC in the early morning hours prior to staff and students (approximately 4:30 to 6:00 am) and complete the sampling prior to arrival of additional staff and children or any water usage.
    h. Sampler must be accompanied by a CCC staff person at all times while at the CCC.
    i. Samplers must deliver the sample bottles to the laboratory within 72 hours of sample collection while preserving sample chain of custody.
    j. Sampler must require laboratory to submit results to the sampler (email or paper), CCC (email or paper) and electronically to the SWRCB-DDW within 21 days of receiving the samples.

APPENDIX G: SAMPLE SCOPE OF WORK AGREEMENT WITH POTENTAL PARTNER

A-2. Purpose

This grant is for the benefit of the Recipient. The purpose of this Scope of Work (SOW) is to provide outreach and technical assistance to priority licensed child care centers (CCCs), to collect and analyze drinking water samples for lead, and to give technical assistance for remediate lead contamination that exceeds a certain threshold.

The Recipient shall prioritize CCCs that:

First Priority level:

1. Serving children ages 0 to 2;
2. At least 50% of these children receiving subsidies.
3. Centers independently, operating only one facility;

Second priority level:

1. Serving children ages 0 to 5;
2. At least 50% of these children receiving subsidies.
3. Centers independently, operating only one facility;

A-3. Project-Specific Scope of Work

The Recipient agrees to do the following:

1. Project Management
   - 1.1 Provide all technical and administrative services as needed for Project completion; monitor, supervise and review all work performed; and coordinate budgeting and scheduling to ensure the Project is completed within budget, on schedule, and in accordance with approved procedures, applicable laws, and regulations.
   - 1.2 Comply with California Department of Social Services (CDSS) regulations and written directives. If a CDSS directive conflicts with a task in this Project-Specific Scope of Work, the CDSS directive shall take precedence.
   - 1.3 Conduct site visits to CCC facilities, as necessary.
   - 1.4 Manage information, including but not limited to data necessary for reporting. This may include but is not limited to information from field forms, mailing and call records, reimbursement records, and water quality data.

2. Provide Outreach and Technical Assistance to CCCs
   - 2.1 Distribute outreach materials and collect self-certification forms from CCCs that meet priority criteria 1 and 2 listed in A-2.
   - 2.2 Prepare initial outreach materials, consistent with CDSS directives and regulations, to inform CCCs about Assembly Bill 2370 and the opportunity

to have their drinking water supplies tested for lead. Prepare a self-certification forms that CCCs can use to certify whether they fulfill one or more of the prioritization criteria described in A-2 and that they would like to participate in the program.

2.2.1 Provide a copy of initial outreach materials and self-certification forms to CDSS, once completed and verified.

2.3 Prepare outreach materials, consistent with CDSS directives and regulations, to inform CCCs that experience a lead Action Level Exceedance.

2.3.1 Provide a copy of outreach materials to CDSS.

3. Quality Assurance Project Plan

3.1 Implement a Quality Assurance Project Plan (QAPP) as outlined in the WIIN grant. The QAPP shall include standard operating procedures and a checklist for sampling personnel.

4. Prioritization of licensed CCCs

4.1 Analyze data collected from completed self-certification forms collected in Item 2.2.

4.2 Proceed with Items 5 and 6 to assist CCCs that meet priority criteria.

5. Water Quality Sampling and Analysis

For each CCC selected to receive water quality testing services consistent with the prioritization process.

5.1 Retain the services of a Qualified Sampler and coordinate the activities of the Qualified Sampler with the CCC's schedule. The Qualified Sampler shall collect water samples in accordance with directives or regulations issued by CDSS.

5.2 Ensure the Qualified Sampler sends the water samples to an analytical laboratory certified by the State Water Board Resources Control Board's Environmental Laboratory Accreditation Program (ELAP-certified laboratory). The ELAP-certified laboratory shall:

5.2.1 Test the water samples for lead concentrations in accordance with directives or regulations issued by CDSS;

5.2.2 Submit the water quality analysis results to the State Water Resources Control Board, Division of Drinking Water's database following Electronic Data Deliverable protocols; and

5.2.3 Submit a laboratory report with the water quality analysis results to the Recipient.

6. Lead Remediation and Newly-Replaced Fixture Sampling

If test results from Item 5 indicate lead Action Level Exceedance(s) at one or more of a CCC's plumbing fixtures and the State Water Board has confirmed these results:

6.1 Share outreach materials from Item 2.3.1 to inform the CCC of its options in implementing an immediate response consistent with CDSS directives or regulations.

A-4. Reporting

(a) Progress Reports. The Recipient shall submit quarterly progress reports, using a format provided by CDSS, within forty-five (45) days following the end of the calendar quarter (March, June, September, and December) to CDSS. Progress reports shall provide a brief summary of activities that have occurred, milestones achieved, testing benefits and any other outputs or outcomes (outlined in the proposal summary) that have been achieved, and the cost of the activities so far. Progress reports shall also include a cumulative list of all CCC facilities that submitted the self-certification form and the following data for each:

1. Which of the priorities from A-2 are satisfied;
2. As funded under this agreement:
    i. Date of initial water sampling,
    ii. Name of the Qualified Sampler that collected the initial samples,
    iii. Number of initial samples collected, and
    iv. Name of the ELAP-certified laboratory to where the samples were sent;

Reporting shall be required even if no grant-related activities occurred during the reporting period. The Recipient shall document relevant activities and expenditures in progress reports, including work performed by contractors.

(b) As Needed Information or Reports. The Recipient agrees to submit expeditiously, during the term of this Agreement, such reports, data, and information as may be reasonably required by CDSS including, but not limited to, material necessary or appropriate for evaluation of the funding program or to fulfill any reporting requirements of the state or federal government.

(c) Final Reports. At the conclusion of the Project, the Recipient must submit the following to CDSS:

1. Draft Final Project Report. Prepare and submit to CDSS, for review and comment, a draft Final Project Report in a format provided by CDSS. The Draft Final Project should include a summary of lessons learned, recommendations to parties that will be involved in longer-term lead testing and remediation efforts at CCCs, a summary of activities, testing benefits and other outcomes and outputs achieved and the final cost of the activities.
2. Final Project Report. Prepare a Final Project Report that addresses comments made by CDSS on the draft Final Project Report. Submit one (1) reproducible master copy and an electronic copy of the final to CDSS.

A-5. Submittal Schedule

Failure to provide items by the due dates indicated in the Submittal Schedule below may constitute a material violation of this Agreement. However, the dates in the

"Estimated Due Date" column of this Submittal Schedule may be adjusted as necessary during the Disbursement Period with CDSS approval. All work or submittals must be completed with relevant submittals approved by CDSS prior to the Work Completion Date, and the final Disbursement Request submitted prior to the Final Disbursement Request Date set forth in Exhibit B.

ITEM	DESCRIPTION OF SUBMITTAL	CRITICAL DUE DATE	ESTIMATED DUE DATE
EXHIBIT A- SCOPE OF WORK			
A-3.	Project-Specific Scope of Work		
1.	Project Management		
1.3	Site Visits to licensed CCCs		As necessary
2.	Provide Outreach and Technical Assistance to licensed CCCs		
2.1.1	Outreach Materials and self-certification form		30 days after execution
2.3.1	Outreach Materials Regarding Payment Information		60 days after execution
4.	Prioritization of licensed CCCs		
4.3	Documentation of Adequate Outreach to licensed CCCs Meeting Priority Criteria		Upon Completion
EXHIBIT A-4- REPORTING			
(a)	Progress Reports	Quarterly	
(b)	As Needed Information or Reports		As necessary
(c)	Final Reports		
(c)(1)	Draft Final Project Report		July 2021
(c)(2)	Final Project Report		September 2021
EXHIBIT B- FUNDING PROVISIONS			
3 (b)	Final Disbursement Request		July 2020

LEAD TESTING IN SCHOOL AND CHILD CARE PROGRAM DRINKING WATER GRANT

ADDEMUM WORK PLAN FOR THE STATE OF CALIFORNIA

I. TIMELINE AND MILESTONES

A detailed timeline for the project, including milestones for specific tasks, can be found below. This timeline includes mandatory milestones from AB 2370 (Appendix A), as well as, the California Budget Act of 2018 (Chapter 449, Statutes of 2018) allocation of 5-million-dollars to the SWRCB.

- **CY 2020 Quarter 4:** CDSS publishes Written Directives in accordance with AB 2370. This information incorporates the QAPP. SWRCB will begin to implement the statewide database for lead testing in CCCs, as mandated by AB 2370. R&R agencies will begin outreach to identify and verify priority CCCs and build partnerships with certified external water sampler and qualified ELAP labs. CCCs begin to test their water as mandated by AB 2370, using funds from the California Budget Act of 2018 (Chapter 449, Statutes of 2018) 5-million-dollar allocation to SWRCB*. Priority CCCs for the California Budget Act of 2018 are slightly different from those of the EPA WIIN Grant.
- **CY 2021 Quarter 2:** CDSS receives funding from the EPA; R&R agencies continue outreach conducted through AB 2370 and begin outreach through the EPA WIIN grant funding; testing of first priority CCCs begins using EPA WIIN grant funding.
    - Interim Annual Report to EPA submitted by CDSS including a summary of the completed project so far, testing benefits, outputs and outcomes achieved and cost of the project so far.
    - 50% completion of first priority CCCs
- **CY 2021, CY 2022, CY 2023:** Continue outreach and testing of first and second priority CCCs
- **CY 2024 Quarter 1:** Final report submitted to EPA, including: summary of the project or activity, testing benefits and other outputs and outcomes achieved, and costs of the project or activity.
    - 10% of second priority CCCs complete testing

*Funding from the California Budget Act of 2018 (Chapter 449, Statutes of 2018) 5-million-dollar allocation to SWRCB does not have a timeline for implementation and will include testing and remediation. Priority CCCs might be using this funding in conjunction with funding from the EPA WIIN Grant. However, EPA WIIN Grant funding will be for testing and California Budget

Act of 2018 funding will be used for remediation. This is noted in Section VII Budget Narrative.

II. BUDGET NARRATIVE

[redacted]

i. [redacted]

[redacted]